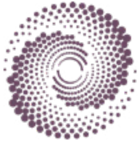

Ukraine

ITTC International Technology Transfer Center

A program of the International Consortium of Universities for Drug Demand Reduction

TRAINING NEEDS ASSESSMENT

FOR FURTHER SUPPORT OF ADDICTION TREATMENT WORKFORCE IN UKRAINE

The study was conducted within the The International Technology Transfer Center (ITTC) Network for Drug Demand Reduction Initiative implemented by ITTC Ukraine in partnership with University California San Diego with the financial support of Colombo Plan Secretariat

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Institute of Psychiatry of the Taras Shevchenko National University of Kyiv

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The local implementation team is based at the Institute of Psychiatry of the Taras Shevchenko National University of Kyiv. The study was condycted in the framework of the Memorandum of Cooperation between the Institute of Psychiatry of the Taras Shevchenko National University of Kyiv, the University of California San Diego, Schoolof Medicine, and Memorandum of Cooperation between the Institute of Psychiatry of the Taras Shevchenko National University of Kyiv and the International Consortium of Universities for Drug Demand Reduction (ICUDDR).

The views and opinions expressed in this material are those of the authors and do not necessarily reflect the position of the ITTC Network and ICUDDR.

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List of abbreviations

AB – Advisory Board

ATO - Antiterroristic Operation

ATTC – Addiction Technology Transfer Center

AUD – Alcohol use disorder

CBT – Cognitive Behavioral Therapy

DUD – Drug use disorder

EBP – Evidence Based Practices

EMCDDA - European Monitoring Centre for Drugs and Drug Addiction

HIV – Human immunodeficiency virus

ITTC – International Technology Transfer Center

LMIC – Low and middle income countries

MAT – Medication assisted treatment

MI – Motivational Interview

NHSU – National Health Service of Ukraine

NPS – New psychoactive substances

NT- National trainer

NGO – Non government organization

PEPFAR – Presidential Emergency Plan for AIDS Relief

PWID – Persons who inject drugs

SBIRT – Screening, Brief Intervention and Referral to Treatment

SUD - Substance use disorder

TA - Technical assistance

UNODC – United Nations Office on Drugs and Crime

WHO – World Health Organization

CONTENTS

Summary

1. Background
2. Methodology
3. Results of the study

3.1. Desk review

3.2. Survey of healthcare facilities providing care to people with SUD

3.3. Focus groups of specialists, who provide assistance to people with SUD, and academic staff, who provide training on addiction medicine for postgraduate level practitioners

3.3.1. Focus group of Faculty members involved in Postgraduate addiction psychiatry education

3.3.2. Focus group of Professionals, who are involved in care for people with SUD

4. Survey of the advisory board members

5. Survey the training needs of a group of national trainers

6. Conclusions

Summary

The Ukraine International Technology Transfer Center (ITTC) works towards acceleration of the adoption and implementation of evidence-based addiction treatment and recovery-oriented practices and services; strenghtening the awareness, knowledge, and skills of the workforce to address the needs of people with substance use and/or other behavioral health disorders; and fostering alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

As one of the first steps of the Ukraine ITTC, a careful needs assessment was conducted among various specialists who provide assistance to people with SUD.

The study of training needs included:

1) *Desk review*
2) *Survey of healthcare facilities providing care to people with SUD*
3) *Focus groups of specialists, who provide assistance to people with SUD, and academic staff, who provide training on the topics of addiction management for specialists of postgraduate level*
4) *Survey of the advisory board members*
5) *Survey the training needs of a group of national trainers*

Main findings on existing gaps and challenges in care provision for people with SUDs included the following:

- ✓ Changes in the drug scene, specifically an increasing use of stimulants and new psychoactive substances;
- ✓ Lack of treatment and rehabilitation standards;
- ✓ Lack of state funding of addiction psychiatry;
- ✓ An absence of systematic continuity of care for people with SUDs;
- ✓ High prevalence of AUD and lack of evidence based treatment approaches;
- ✓ Lack of treatment programs for youth, women, veterans, and other groups with specific clinical needs;

- ✓ Gaps in comprehensive addiction treatment provision in penitentiary institutions, both harm reduction and demand reduction strategies.
- ✓ Lack of appreciation toward the need for psychosocial services for clients on MAT programs;
- ✓ Low number of training programs on addiction medicine at public universities and main focus on doctors;
- ✓ Underrecognized mental health and somatic comorbidities in SUD;
- ✓ Lack of common understanding of recovery and rehabilitation standards;
- ✓ Lack of family involvement in treatment and rehabilitation process;
- ✓ High turn over rates in addiction treatment professionals;
- ✓ Stigmatization of people with addictive disorders and medical professionals, providing services for them;
- ✓ Lack of evidence-based prevention programs.

Training needs reflect the gaps indicated and can be grouped as follows:

- ✓ Drug market and new trends;
- ✓ Current science on neurophysiology of addiction;
- ✓ Standards of treatment and rehabilitation;
- ✓ Recovery approach;
- ✓ Treatment of stimulant use disorder, treatment of AUD;
- ✓ Psychosocial support in MAT programs;
- ✓ EBP: MI, SBIRT, Case management, Contingency management, CBT of people with SUD, Crisis interventions, Relapse prevention, Trauma informed approach;
- ✓ Polysybstance use;
- ✓ Addiction treatment of groups with special clinical needs (women, children, elder people, veterans);
- ✓ SUD treatment for people in conflict with law (including use of Naloxone for overdose prevention in custodial settings);
- ✓ Involvement of families in treatment and recovery of people with SUD;
- ✓ Mental health and somatic comorbidities in people with SUD;

- ✓ Behavioral addictions;
- ✓ Care for people with SUD during COVID-19 pandemic;
- ✓ Multidisciplinary approach to treatment;
- ✓ Clinical supervisions;
- ✓ Destigmatization of people with addiction;
- ✓ Burnout prevention for specialists;
- ✓ Substance use prevention.

Thereby, the results of the study show the need for further improvements in the internal system of provision of quality education for addiction specialists, their professional development, education on new technologies and technical assistance, and improvement of mental health service availability, mainly for people with mental and behavioral disorders caused by psychoactive substance use.

1. Background

The high prevalence of substance use disorders (SUD) and HIV in Ukraine[1] [2] coexists with an abundance of addiction treatment practices with unproven efficacy, the predominance of a pharmacological approach, especially in the public sector, and the lack of competent workforce[3] [4] [5]. A 2018 training needs analysis revealed a strong interest in the topics of SUD assessment, treatment and effective interventions among professionals of various specialties who provide assistance to people with SUD[6].

Today, one of the priority goals in the Plan of the implementation of the Mental Health Concept in Ukraine for the period until 2030 is to improve competencies of mental health workers in implementation of evidence based practices. According to UNODC Standards of the Treatment of Drug Use Disorders on-going staff education is a must.

2. Methodology

Aim: to assess the current training needs of professionals who provide assistance to people with SUD, to support further pfofessional development and implementation of EBP and improvement of care.

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[1] Report on the drug and alcoholic situation in Ukraine for 2020. Ukrainian Medical and Monitoring Centre on Drugs and Alcohol, Kyiv, Ukraine, 2020. https://www.emcdda.europa.eu/drugs-library/national-report-2020-drug-situation-ukraine_en

[2] Global AIDS Monitoring 2021: Ukraine. Public Health Center, 2021. https://phc.org.ua/kontrol-zakhvoryuvan/vilsnid/monitoring-i-ocinyuvannya/garmonizovaniy-zvit

[3] World Health Organization & United Nations Office on Drugs and Crime. (2020). International standards for the treatment of drug use disorders: revised edition incorporating results of field-testing. World Health Organization. https://apps.who.int/iris/handle/10665/331635

[4] World Health Organization. (2018). Global status report on alcohol and health 2018. World Health Organization. https://apps.who.int/iris/handle/10665/274603. License: CC BY-NC-SA 3.0 IGO

[5] Gluzman, S., Korol, I., Pievskaya, Y., Yachnik, Y., Boltonosov, S., Rumyantseva, S., & Pinchuk, A. (2018). Ukraine: National Survey of Addiction Treatment Services. Kyiv, Ukraine: Ukrainian Psychiatric Association.

[6] Gluzman, S., Korol, I., Pievskaya, Y., Yachnik, Y., Boltonosov, S., Rumyantseva, S., & Pinchuk, A. (2018). Assessment of training needs among specialists who provide help to people with substance use disorders. Kyiv, Ukraine: Ukrainian Psychiatric Association.

Methods. In order to obtain a comprehensive information of the existing training needs of specialists who provide assistance to people with SUDs, it was decided to approach the study of this topic from different angles.

Thus, the study of training needs included:

3) *Desk review*

Data were gathered from The Center for Mental Health and Monitoring of Drug and Alcohol Abuse of the Ministry of Health of Ukraine[7], WHO Special Initiative for Mental Health Situational Assessment[8], EMCDDA reports and EMCDDA funded initiatives[9], 2017 Global Burden Disease Study[10], World Bank[11], Demographic and Health Surveys[12], published peer-reviewed literature.

4) *Survey of healthcare facilities providing care to people with SUD*

The 261 healthcare facilities included in this survey are located in all regions of Ukraine except the temporarily occupied territories of the Autonomous Republic of Crimea, the city of Sevastopol, and parts of the temporarily occupied territories of Donetsk and Luhansk regions. All respondents answered questions about their name, the date of data collection, location, address, contact name, and email address. The survey was developed by Needs Assessment Group of ITTC Network and included questions about MAT provision, Detox, Residence service, Counseling and EBP training. Invitations to participate in the survey were sent with support from

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[7] Report on the drug and alcoholic situation in Ukraine for 2020. Ukrainian Medical and Monitoring Centre on Drugs and Alcohol, Kyiv, Ukraine, 2020. https://www.emcdda.europa.eu/drugs-library/national-report-2020-drug-situation-ukraine_en

[8] Ukraine. WHO Special Initiative for Mental Health Situational Assessment, 2020. https://cdn.who.int/media/docs/default-source/mental-health/who-special-initiative-country-report---ukraine---2020.pdf?sfvrsn=ad137e9_4.Visnyk Vinnytskogo natsionalnogo medychnogo universytetu, 24(1), 2020.

[9] ESPAD Group (2020), ESPAD Report 2019: Results from the European School Survey Project on Alcohol and Other Drugs, EMCDDA Joint Publications, Publications Office of the European Union, Luxembourg. http://www.espad.org/sites/espad.org/files/2020.3878_EN_04.pdf

[10] Global Burden of Disease 2017. http://ghdx.healthdata.org/gbd-results-tool

[11] The World Bank: The World Bank in Ukraine. Country context. Available on: https://www.worldbank.org/en/country/ukraine/overview

[12] Mental Health Action Plan in Ukraine for the period up to 2030. https://www.kmu.gov.ua/news/kabinet-ministriv-zatverdiv-plan-zahodiv-iz-realizaciyi-koncepciyi-rozvitku-ohoroni-psihichnogo-zdorovya-v-ukrayini

6) *Focus groups of specialists, who provide assistance to people with SUD, and academic staff, who provide training on the topics of addiction management for specialists of postgraduate level*

Two online focus groups were conducted with 8 particpants per group. Each group lasted 2 hours. Participants:

First group: Faculty members involved in Postgraduate addiction psychiatry education and training.

Second group: Professionals, who are involved in care for people with SUD on different levels - from medical treatment to rehabilitation: Doctors - psychiatrists, narcologists, representatives of NGOs, representatives of rehabilitation centers.

Geography of participants: Kyiv, Dnipro, Vinnitsa, Odesa, Lviv, Zhytomyr

7) *Survey of the advisory board members*

During the first advisory board, which was attended by 11 members, an oral survey was conducted on the priority training topics for 2021-2022. Each participant identified 3-5 priority topics for further training of addiction professionals. All responses were recorded by the group coordinator.

8) *Survey the training needs of a group of national trainers*

An online survey was conducted of a group of national trainers regarding their priority training topics to facilitate further training of addiction and HIV specialists. The questionnaire was created based on UTC modules. 28 out of 35 nationals participated in the study.

3. Results

3.1. Desk review

Country information

Ukraine is located in Eastern Europe and is the second largest country in the European region. It has a population of 42,0 milllion[13]. Ater the independence, Ukraine experienced several large political changes, including the “Orange

[13] The World Bank: The World Bank in Ukraine. Country context. Available on: https://www.worldbank.org/en/country/ukraine/overview

Revolution" in 2004 and the "Revolution of Dignity" in 2014[14]. Recent military conflict, started in 2014, has led to a humanitarian crisis with about 3.4 million people in need of humanitarian assistance, and about 1.4 million people internally displaced[15]. Country context is described in Table 1.

Table 1. Ukraine country context

Indicator	Ukraine
Population	42.0 2
Region	Eastern Europe
Income group (WB 2019 classification)	Lower-middle income 2
GDP, current $ billion	153.2 2
GDP per capita, current US$	3649 2
Life expectancy at birth (years), 2018	72 3
Current health expenditures	177 3
Burden of mental disorders (DALYs per 100,000 population)	3416.26 1
Psychiatrists per 100,000 population	6.93 1
Addiction psychiatrists	3.4 4
Psychologists	1.3 4
Social workers	1.5 4
Total mental health workers per 100,000	8.95 1
Mental hospital beds per 100,000	65.48 1
General hospital psychiatric unit beds per 100,000	1.92 1
Addiction treatment beds	

Sources: 1 WHO Mental Health Atlas 2017. 2 https://data.worldbank.org/ 16.10.2020. 3 World Health Organization Global Health Expenditure database. 4 Weissbecker I, Khan O, Kondalova

[14] Reznik O. From the Orange Revolution to the Revolution of Dignity: Dynamics of the Protest Actions in Ukraine. East European Politics & Societies 2016; 30 (4).

[15] Humanitarian needs overview: Ukraine. UN OCHA, 2020. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ukraine_2020_humanitarian_needs_overview_en.pdf

N, Poole L, Cohen JT. Mental health in transition: assessment and guidance for strengthening integration of mental health into primary health care and community-based service platforms in Ukraine. Washington, D.C.: Global Mental Health Initiative, World Bank Group, 2017. Abbreviations: DALYs—disability-adjusted life years. GDP—gross domestic product. WB—The World bank.

Drug scene

The ESPAD data indicate an increase in lifetime use of any type of drug from 14.1% in 2011 to 17.6% in 2019 among 15-16 years old teenagers. The most common drugs in 2019 were cannabis (8.3% lifetime use), inhalants (6.3%) and amphetamine (2.2%). When comparing the perception of marijuana availability among adolescents aged 15-16 with previous research, it should be noted that in 2019 the overall level has not changed, but there has been a simultaneous decrease in the perception of accessibility among boys and an increase among girls. Use of "new substances" that imitate the effects of drugs was reported among 4.4% of students.

Over 70% of PWID have used illicit methadone in the past 30 days, while use of acetylated opium has declined. Injection use of amphetamine-type stimulants in Ukraine is less common compared to opioids, with about 40% of PWID reporting it use in the past 30 days.

Over the past decade, there has been a significant increase of new psychoactive substances on the ukrainian drug market. The market for cannabinoids and classic psychedelics remains stable (with a specific group of users identified) whereas the market of "salts" and various mixtures of stimulants scaled up reaching to various groups and populations, including a well-formed group of people who inject drugs.

COVID-19 epidemic influenced drug markets and substance use patterns in Ukraine. Thus, the decline of illicit methadone and compensatory increase of medical methadone was observed in the initial stages of COVID-19 pandemic,

which did not return to the previous levels when the control measures were lessened[16].

Prevalence and Treatment Coverage of SUDs

Data shows that, in Ukraine, there is a higher prevalence of depressions and alcohol use disorder compared to LMIC and globally (Table 2). WHO Global Report on Alcohol estimates a population prevalence of 6.0% for alcohol use disorders.

Table 2. Estimated prevalence and burden of mental health and substance use disorders in Ukraine

Indicator	Ukraine	LMIC	Global
Mental disorders prevalence, %	13.7	12.97	13.17
DALY, %	3.63	4.06	4.89
Schizophrenia prevalence, %	0.24	0.21	0.27
DALY, %	0.30	0.35	0.51
Depressive disorders prevalence, %	5.18	3.27	3.59
DALY, %	1.71	1.42	1.72
Anxiety disorders prevalence, %	3.18	3.54	3.86
DALY, %	0.60	0.87	1.08
Alcohol use disorder prevalence, %	5.47	1.22	1.46
DALY, %	2.65	0.51	0.70
Drug use disorder prevalence, %	0.70	0.74	0.97
DALY, %	0.75	0.69	1.09

Source: Global Burden of Disease 2017. http://ghdx.healthdata.org/gbd-results-tool 23.12.2021.

Abbreviations: DALY—disability-adjusted life year. LMIC: low- and middle-income countries

Among SUDs prevail those due to opioids (Table 3).

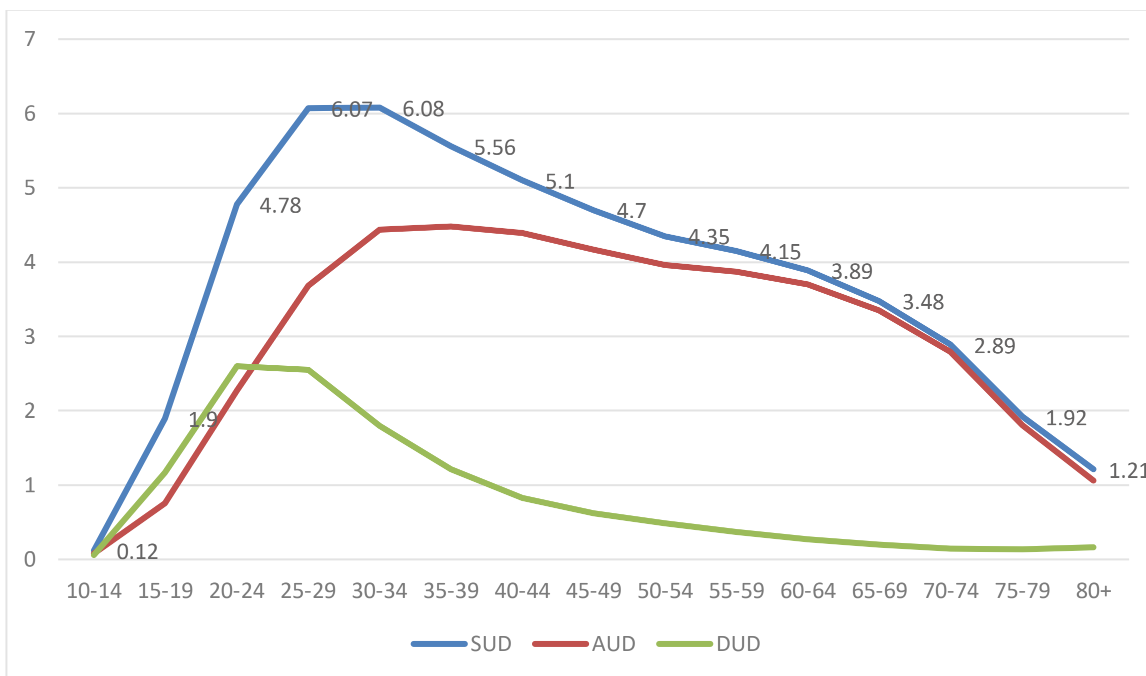
Table 3. Estimated prevalence of SUDs due to different substances in Ukraine, 2019

[16] Dumchev K., Kiriazova T., Chernova O. (2021). Impact of the COVID-19 epidemic on drug markets, substance use patterns, and delivery of harm reduction and treatment services in Ukraine. https://uiphp.org.ua/media/k2/attachments/2021-02-01_Ukraine_Covid.pdf

SUDs due to different substances	Estimated prevalence
Opioid use disorders prevalence	0.42
Amphetamine use disorders	0.19
Cannabis use disorders	0.25
Other drug use disorders	0.02

Source: Global Burden of Disease 2017. http://ghdx.healthdata.org/gbd-results-tool

The highest prevalence of SUDs is estimated in 25-24 age group (Table 4). Estimated prevalence of alcohol use disorder is higher 30-40 age group, and drug use disorder - 20-25 age group.



Picture 1. Estimated prevalence of SUDs in different age groups in Ukraine, 2019

The recent assessment of mental health services in Ukraine in 2019 has shown that most people (up to 75%) with co-occurring mental disorders and alcohol use disorder have limited access to adequate mental health services[17].

Treatment coverage is 20.9% for AUD and 34.9% for DUD. According to the official data of the Ministry of Health, at the beginning of 2019 there were 58 psychiatric hospitals and 24 narcological hospitals in Ukraine (22 narcological dispensaries with inpatient deoartment and 2 narcological hospitals), which

[17] Weissbecker I, Khan O, Kondakova N, Poole LA, Cohen J. Mental health in transition: assessment and guidance for strengthening integration of mental health into primary health care and community-based service platforms in Ukraine (English). Global Mental Health Initiative. Washington, D.C.: World Bank Group, 2017.

contained 26,915 psychiatric and 3,372 narcological beds. The average length of stay in a psychiatric hospital was 48.7 days, in addiction treatment clinic 123 days.

Table 4. Treatment coverage for SUDs in Ukraine

		Prevalence1 (UI)	Total1 (UI)	% Treated
Alcohol use disorders	Overall	6%	2,682,840	20.9%
	Female	1.4%	336,252	19.6%
	Male	11.5%	2,379,925	17.1%
	Young adults (20-34)			
	Older age (70+)			
Drug use disorders	Overall	0.7%	300,160	34.9%
	Female	0.4%	91,266	13.0%
	Male	1.1%	208,894	38.1%
	Young adults (20-34)	1.6%	150,134	32.2%
	Older age (70+)	0.2%	8,868	8.8%

There is an extensive network of institutions and organizations of various forms of ownership that provide a wide range of medical and psychosocial services to persons with SUD. State/municipal institutions mainly provide inpatient and outpatient care that is accessible through a decentralized network and the possibility of receiving free treatment.

However, the presented model of treatment is biologically oriented with a relatively small or non-existent of psychosocial component. The common therapeutic approaches used in most institutions and organizations are generally consistent with international recommendations. However, there is a considerable number of centers that apply approaches that are not supported by the science[18].

Addiction Treatment workforce and training needs

The number of doctors of all specialties for 10 years has decreased by 19.1% (45.1 / 44.1 in 1995/2018, respectively). At the same time, the largest decrease is observed among psychiatrists and addiction psychiatrists (by 25.9%)[19].

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[18] Gluzman, S., Korol, I., Pievskaya, Y., Yachnik, Y., Boltonosov, S., Rumyantseva, S., & Pinchuk, A. (2018). Ukraine: National Survey of Addiction Treatment Services. Kyiv, Ukraine: Ukrainian Psychiatric Association.

[19] Chorna V.V., Khliestova S.S., Gumeniuk N.I., Makhniuk V.M., Sydorchuk T.M. (2020). Morbidity indicators and dissemination and modern attitudes on disease prevention.

State facilities have very few specialists who provide psychosocial support. The medical (doctors and nurses) and non-medical staff (psychologists and social workers) ratio in state facilities is 35:1, in non state facilities 1:2. Non-state organizations providing residential services have many staff without special education and equal to equal support (which often means the same thing) with a total part of 54,1%. The proportion of non-medical staff in such institutions is 91,5%, compared to 8,5% of medical staff[20].

According to the last Assessment of Training Needs among specialists who provide care to people with SUDs the main interest was focused on topics of stimulant and alcohol addiction, also there was a high interest in evidence-based non-pharmacological interventions, especially among psychologists and social workers. Nurses showed a high level of interest in additional training in pharmacological and non-pharmacological interventions. The highest training need was demonstrated by addiction counselors[21].

Specialization in addiction psychiatry for doctors is only 4 months in lenght. Postgraduate courses available at public universities include training in emergencies in SUDs, current knowledge in addictions, training in MAT, motivational interviewing, and dual diagnosis management. In the non-state sector, there are several courses in psychotherapy of people with SUDs. For psychologists, social workers and nurses, there is no specialization in addiction medicine or a master's program in this area. In the public sector, it is possible to complete a 2-year master's program in clinical psychology, which will include a number of hours devoted to SUDs.

Conclusions

[20] Gluzman, S., Korol, I., Pievskaya, Y., Yachnik, Y., Boltonosov, S., Rumyantseva, S., & Pinchuk, A. (2018). Assessment of training needs among specialists who provide help to people with substance use disorders. Kyiv, Ukraine: Ukrainian Psychiatric Association.

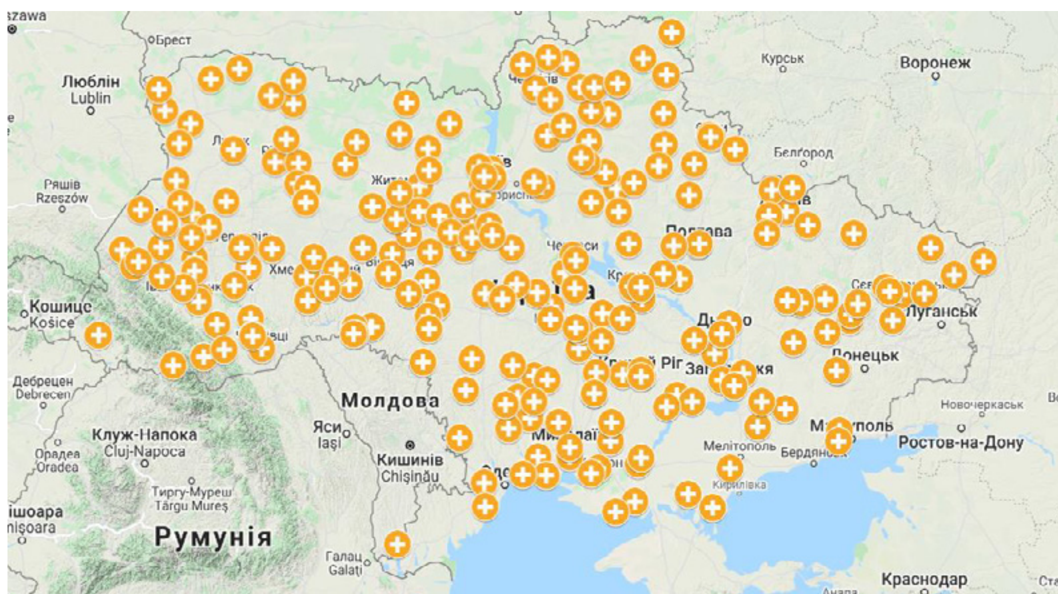
[21] Gluzman, S., Korol, I., Pievskaya, Y., Yachnik, Y., Boltonosov, S., Rumyantseva, S., & Pinchuk, A. (2018). Assessment of training needs among specialists who provide help to people with substance use disorders. Kyiv, Ukraine: Ukrainian Psychiatric Association.

In Ukraine, there are changes in the drug scene towards an increase in the use of stimulants and new psychoactive substances, as well as the transition from illegal to medical methadone in connection with the COVID epidemic. The high prevalence of SUDs coexists with low treatment coverage, especially AUD. The gender ratio of substance use is gradually leveling off among adolescents, but the prevalence of SUDs remains significantly higher among men. At the same time, for DUD, the treatment coverage for women is much lower than for men.

The number of addiction psychiatrists is decreasing every year, and the percentage of non-medical personnel in public institutions remains consistently low. In non-state institutions, non-medical personnel prevail over medical personnel and have a high need for training, however, the number of training programs at public universities is still small and is mainly focused on doctors.

3.2. Survey of healthcare facilities providing care to people with SUD

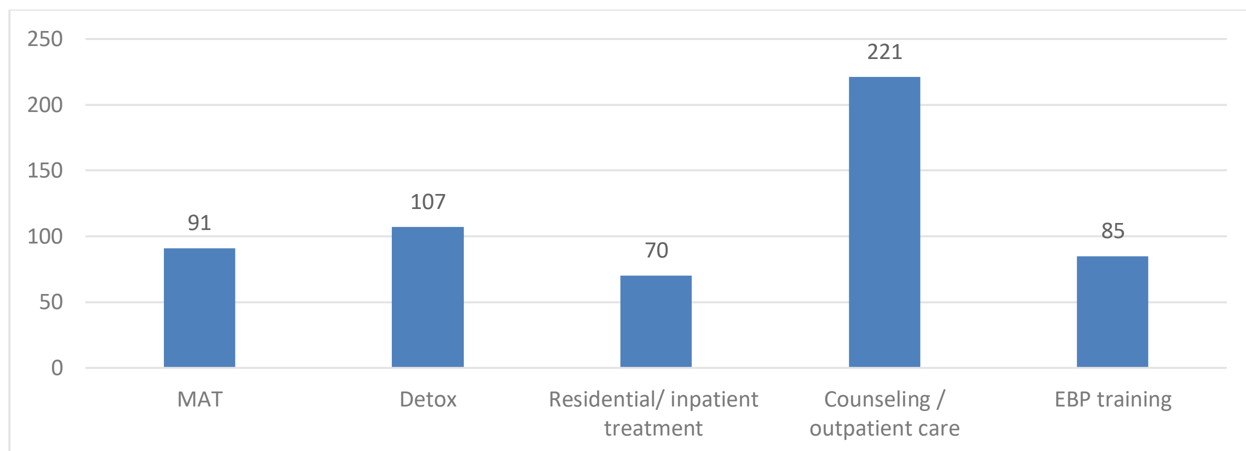
The survey was sent to 658 facilities that provide mental health services. The 261 healthcare facilities responded to the survey. The response rate is 40%. All facilities are situated in all regions of Ukraine except the temporarily occupied territories of the Autonomous Republic of Crimea, the city of Sevastopol, and parts of the temporarily occupied territories of Donetsk and Luhansk regions (Picture 2).



Picture 2. Geografic distribution of the facilities responded to the survey

Among respondents there were 3,4% (9) facilities specialised in addiction treatment (3 narcologic dispansery, 2 narcologic hospitals, 4 addiction treatment centers), 10% (27) mental health facilities (4 psychiatric dispansery, 15 psychiatric hospitals, 6 mental health centers, 1 psychoneurological internat, 1 special mental health institution of The Center for Mental Health and Monitoring of Drug and Alcohol Abuse of the Ministry of Health of Ukraine), 86% (225) other medical facilities, including city clinical hospitals, oblast hospitals, central district hospitals, miltiprofile hospitals and polyclinics.

MAT services were provided by 91 (35%) respondents, Detox services – by 107 (41,6%) respondents, Residential/ inpatient treatment – by 70 (27,2%) respondents, Counseling / outpatient care – by 221 (85%) respondents. 85 (32,9%) respondents indicated that they provide training on EBP (Picture 3).



Picture 3. Number of facilities providing different types of services

The vast majority of narcologic facilities provide MAT services (89%) and outpatient care (89%). All drug treatment facilities provide detox and 78% provide inpatient care. 67% of narcologic facilities provide all these services. Psychiatric facilities rarely provide detox (4%) and MAT (26%), but more than half provide inpatient care for people with SUDs (56%). 12% of Psychiatric facilities provide MAT, but dont provide counseling. Other health facilities also provide MAT (34%) and detox (39%) and often provide outpatient treatment (88%). Inpatient treatment can be obtained in only 21% of these institutions (Table 5).

Table 5. Disctibution of services by type of facilities

	Number of facilities	MAT, %	Detox, %	Residential/ inpatient, %	Counseling / outpatient care, %	EBP training, %	MAT+Detox +Inpatient+ Outpatient
Narcologic facility	9	89	100	78	89	67	67
Psychiatric facility	27	26	4	56	14	52	11
Other medical facilities	225	34	39	21	88	32	9

Conclusions

Treatment services for people with SUDs are fairly decentralized. Outpatient counseling can be obtained in most medical institutions and just under half of them provide detoxification and MAT. Psychiatric institutions rarely offer MAT and detox, but more than half of them provide inpatient treatment for people with SUDs. Most narcologic facilities offer a full range of services, but their number is relatively small compared to all other facilities.

3.3. Focus groups of specialists, who provide assistance to people with SUD, and academic staff, who provide training on the topics of addiction management for specialists of postgraduate level

3.3.1. Focus group of Faculty members involved in Postgraduate addiction psychiatry education

Particpants of Focus group answered on following questions:

1) What are the main challenges in addiction medicine training?
2) What are the training needs of postgaduate students?
3) How current training programs can be improved?

Main challenges in addiction medicine training:

✓ Univercity educational programs can be changed only to a small extent.

Educational programs are standardized, approved by Ukrainian Ministry of Health and specialist councils. Lecturers have to adhere to them within the educational

process. At that, most lecturers claim certain informational gaps in the provided programs and permanent work for programs improvement. Officially, Universities' departments are allowed to change up to 20% of educational program.

Due to the variety of topics left behind the standardized courses, lecturers have to find additional ways and formats, to provide information and discuss relevant issues, such as doctors' thematic improvement courses, trainings, scientific communities. At the same time such formats provide a possibility to implement different training strategies.

"Last year, we launched the first trial course, based on the WHO's mhGAP program of mental health for family doctors. We promoted it through the social nets and recruited 20 participants. It was really the new format of work, not habitual lecturers and seminars. After each theoretical block, we had an exchange of clinical experience, case analysis" (Lecturer, Lviv).

Typically, lecturers communicate with postgraduates towards informational needs and create/adopt programs, according to their request.

- ✓ Constant changes in the addiction arena: nearly weekly "update" of psychoactive substances market; new, more complex types of addiction, constant emergence of new approaches to treatment etc.
- ✓ Demand of cross-sectoral knowledge and skills. Very often people with addiction suffer from various mental health problems and, vice versa,. Such combination demands a combined approach to treatment, both with psychiatry, psychotherapy and addiction medicine knowledge.
- ✓ The need of active involvement in International communication & cooperation and foreign language proffesiency.

"...communication with foreign colleagues, common studies…All this became highly available now. The only restriction is foreign languages knowledge" (Lecturer, Lviv).

- ✓ Attitudes of students. For example, not only students can suffer from non substance (behavioral) addictions, but teachers as well.

«We developed own screening towards the gadgets addiction and, you know, it is relevant not only for students, but for doctors, lecturers as well. The significant proportion of our colleagues have signs of this addiction» (Professor, Kyiv).

- ✓ Attitudes of students.

«Youth, including medical students, don't see risks, related to addiction. They say: «I'll just try something on a party"» (Lecturer, Vinnitsa).

- ✓ Access to practice. Organization of practical work within postgraduate training (as well as during the medical students' training) is one of the topical problems. Medical education demands practice as an integral part of the learning process. However, currently, access to practice is complicated due to the medical reform in Ukraine (including the decrease in the number of medical institutions, providing psychiatric care, the tendency of psychiatric and narcology institutions' mergers). Besides, during the previous 1,5 years an access was complicated by the pandemic restrictions.

«Medicine can't be purely theoretical. We teach medical practitioners, who are interested in practical application of the knowledge they gained» (Lecturer, Lviv).

Taking into account decreasing access to practice within training courses, their programs demand adaptation to the new formats of learning (including distant, online learning), which could present relevant alternative/substitution for the restricted access to practical work.

It is necessary to adapt educational, training courses to the pandemic conditions.

«All our programs presuppose work "near the patient's bed". At that, now they should be adapted for the distant learning» (Professor, Dnipro).

- ✓ Absence of unified modern textbooks on Ukrainian language.

Main training needs

- ✓ Current science on neurophysiology of addiction.
- ✓ Drug market and new trends.

«The market develops so rapidly, that sometimes students know more substances names than you do. You should be informed and know novelties…Better to have the more information, the better. Even slang in respect of names» (Lecturer, Vinnitsa).

«They [“socially approved” psychoactive substances] are widespread among youth, including medical students. They think, that those substances are quite ok, there is no harm in the light drugs usage. And interns are really well-informed about them and you should be “in the subject” as well» (Lecturer, Kyiv).

- ✓ New psychoactive substances.
- ✓ Screening, criteria of establishing diagnosis.
- ✓ Internationally approved protocols of treatment (both medicinal and non-medicinal). Currently, there is now approved protocol for addiction treatment in Ukraine.
- ✓ New approaches to treatment (both biological and psycho-social).
- ✓ Motivational enhancement approaches.
- ✓ Co-occurring conditions. The prevalence of co-occurring states is very high and this complicates the diagnostics, treatments and influences recovery prognosis. Such states presuppose integrated approaches to the treatment. But, medicine training system provides differentiated training of psychiatry and narcology. That influences the result of work with co-occurred states rather negatively.

«More information is needed towards the states that can accompany addictions. Very often there can be psychosis. How to treat them in this state» (Professor, Kyiv).

«For example, patient with depressive disorder with anxiety component starts to use benzodiazepine. Due to the uncontrolled usage he comes to addiction. And, thus, we have two problems already, which are harder to treat. The key problem, that, as a rule, only one problem will be in focus, while the other – ignored» (Lecturer, Kyiv).

- ✓ Further steps after medical treatment. Recovery oriented approaches.

- ✓ Work with families of people with addiction. Codependents are the closest ones of the people with addiction (family, friends, colleagues). Their role in efficiency of treatment, support and positive prognosis in general is very important. At that, quite often they also can suffer from various neurotic, depressive states. General approaches of work with those groups are needed.
- ✓ Case management.
- ✓ Addiction treatment of different groups (women, children, elder people, militaries and veterans).

«The topic of work with the ATO [Antiterroristic operation] participants is not worked out. But it is a very important side of help. What they have used in the ATO zone, what they do use now, how to make them accept the problem» (Professor, Vinnitsa).

- ✓ Multidisciplinary approach to treatment. The work with people with addiction presupposes cooperation of several specialists (psychologist, psychotherapists, psychiatrist, narcologists). Clear functional responsibilities, efficient time-management and team work are the key informational needs there.
- ✓ Destigmatization of people with addiction.
- ✓ Behavioral addictions (not related to psychoactive substances).

«It is [Gadget addiction] very wide-spread type of addiction. And it is wide-spread among different groups of people, of different age. It can start earlier, but the danger is later it can transforms in harder types of addictive behavior» (Professor, Kyiv).

- ✓ Impact of COVID-19 on recovery and services.

How addiction training can be improved?

- ✓ Interactive videos (e.g. similar to those, presented in mhGAP program). In situation of restricted access to practice within the educational courses interactive videos with clear descriptive presentation of patient, clinical cases, approaches to work will be more-less efficient substitutes.
- ✓ Manuals and translated textbooks.

«If there is something that can be provided for interns, medical practitioners like manuals, it will be very convenient. It simplifies work both for us and them» (Professor, Vinnitsa).

3.3.2. Focus group of Professionals, who are involved in care for people with SUD on different levels

Particpants of Focus group answered on following questions:

1) What are the current state of care for people with SUD is available?
2) What are the gaps and needs?
3) What are the training needs?

Current state of care for people with SUD in Ukraine

- ✓ Rapid update of psychoactive substances market – new substances emerge every week.
- ✓ On the level of tendencies depends on the region, more relevant to Kyiv. Significant increase in the share of people with an addiction to psychoactive substances (in comparison to traditionally prevailed alcohol addiction).
- ✓ Prevailing types of addictions (by the type of psychoactive substances): salts, spices, opiates, amphetamines, methadone, amphetamines+ methadone.
- ✓ Key complication (more relevant for patients with methadone addiction) - the development of mental disorders on the background of somatic diseases.
- ✓ Acceptance (on the level of society) of "new" groups, involved in addiction of psychoactive substances. Thus, usage of drugs in prisons was accepted after the years of denial. The program of care for this group is conducted since 2018 (including rehabilitation programs, substitution therapy, syringe exchange program).
- ✓ Officially approved program of naloxone usage (in terms of the regulatory framework and the state budget) since 2019.
- ✓ Switch in the approaches to rehabilitation. Access to treatment and rehabilitation is completely voluntary. Earlier widespread approach, when

paerson with SUD can be brought to rehabilitation center by family, friends, etc. proved to be inefficient.

✓ Work with families as a part of rehabilitation process.

«We started to work with parents, we explain, that they need to be involved in process, since the addiction doesn't arise without the reasons… there can be traumatism» (Representative of rehabilitation center, Kyiv)

✓ Switch in the understanding of the recovery/rehabilitation results. Currently the decrease of usage, transition to substitution therapy is taken as the result instead of former "chemical purity".

«In communication with our foreign colleagues and studying their experience we realized, that "chemical purity" is not for everyone. Some people on substitution therapy are really successful in building their new life, family… Now we want to help more people and be less adaman»t (Representative of rehabilitation center, Kyiv).

Current needs and gaps in providing care for people with SUDs

Structural and organizational

✓ Rather negative impact of medical reform in Ukraine on care for people with addiction to psychoactive substances.

- The decrease in number of psychiatric institutions.
- The decrease in state financing (including the drug treatment, which restricts its efficiency - modern, efficient therapy is just not affordable).
- An underrecognition of narcology on the state level:

- The branch in not included in State Law of psychiatric care up to 2030.
- Specialists are not included in the programs of care for people with addiction to psychoactive substances (e.g. programs on substitution therapy).
- Narcology institutions are become the parts of psychiatric ones as a consequence of general decrease in number of medical institutions.

«The state doesn't want to see narcologists. It is quite a prolonged story of certain competition between psychiatric and narcological institutions. Even in 2009 elder colleagues warned me, that one day, there will be no narcological care…When

the Minister of Health openly states, that after some time you will not exist… it is rather unpleasant and not motivating at all. However, our institution is among national leaders in terms of the number of patients, who received help» (Doctor-narcologist, Zhytomyr).

- ✓ The decrease in motivation and high rotation of professionals (due to their ignorance as professionals and low salaries).
- ✓ An absence of systematic approach, continuity of providing care for people with addiction to psychoactive substances. In Ukraine the care for people with addiction is perceived narrowly and focused on the drug treatment in psychiatric and/or narcology institutions. However, this stage is perceived by specialists as the simplest and clearest. At that, the recovery (in its full sense) depends on the availability of the further stages of care and much broader social content (including developed mechanisms of re-socialization, retraining, employment, general social support). Those stages are either hardly available (e.g. rehabilitation) or undeveloped in general (social support, re-socialization, etc.). Thus, a lot of people with addiction don't receive comrehensive care.

«It will be efficient to follow international best practices. E.g., in Berlin we saw the whole circle of care for people with addiction. There, after the drug treatment, people work with a psychologist, who helps to realize the problem and designate the next steps. The state helps in restoration of documents, employment, finding new job or retraining. They even have simple, but quite normal houses for homeless and facilities, where can they start working and earn money further…it all financed by the state. If the person has motivation, he receives all available support» (Doctor-psychiatrist, Kyiv).

- ✓ Poorly developed rehabilitation system.
- ✓ Absence of state financing programs. The fact restricts an access to rehabilitation for the great share of people with addictions (in poor financial state, living alone, homeless) or make them choose the cheaper, abbreviated

options (e.g. which exclude necessary work with psychologists/psychotherapists) with less or nor efficiency.

«There is no rehabilitation program in NHSU for people with addiction. After the drug treatment in the clinic, the patient can have only the parting words of the doctor and recommendations to turn to the group of anonymous drug users or private specialists. But that will not mean the start of new life in many cases» (Doctor-psychiatrist, Kyiv).

«If rehabilitation doesn't include deep psychological work, an awareness of the problem, it can easily turn to the starting point with the return to regular life and surrounding…For normal rehabilitation, the patient or his family should find the money. It can be, that the addicted wants to recover, but the family is just financially exhausted by regular drug treatment and detoxification… in this state, they are looking for something cheaper or free» (Representative of rehabilitation center, Kyiv).

- ✓ Lack of legislative regulation of SUD rehabilitation proces and facilities.
- ✓ Rather uncontrolled increase in number of private specialists, which provide substitution therapy. Doctors claim that such situation simplifies an access to substitutive substances, including the purpose of misuse, with quite doubtful progress in rehabilitation.

«There are certain documents that regulate substitution therapy. They create rules and spectrum of demands for people with SUDs, which are useful for them (such as regular examination, efforts for re-socialization, etc.). At that, such demands, followed in state institutions, are not necessarily are followed in the private ones…Thus, state institutions in Kyiv have 1,5 thousand of people of substitutional therapy, while private ones – 3 thousand officially and supposedly as much unofficially… It is just easier to receive methadone weekly for 200-400 UAH, than pass all the way to recovery» (Doctor-psychiatrist, Kyiv).

<u>*Social*</u>

- ✓ Stigmatization both of people with addiction and medical professionals, working in the sphere of providing care for them.

- ✓ Peculiarities of providing care for convicted people with SUDs: penitentiary system has more complications in organization of providing care due to unequal conditions in comparison with the civil one.

Informational

- ✓ Doctors claim an absence of informational support of branch in general.
- ✓ Absence of statistics (relevant to reality). Despite regular collection of data by the Center of Mental Health, doctors claim the formality of process.
- ✓ Absence of up-to-date general approaches to treatment, protocols, and standards on all levels of care (from the drug treatment in medical institutions till rehabilitation).
- ✓ Updated protocols in narcology. Currently used protocols were created in 2009, outdated, not relevant to current situation and needs.

«The last protocol was formed in 2009. Even at that time it was quite odd. But, know, taking into account 2021, it is even more. We need unified updated protocols to provide help» (Doctor-narcologist, Zhytomyr).

- ✓ Absence of unified standards for non-drug treatment and rehabilitation. While certain programs on rehabilitation exist, adherence to them is not compulsory and rather depends on institution. Besides, experts claim, that even following the same programs different rehabilitation centers can achieve different results due to the primary importance of employees' professionalism.
- ✓ At the same time representatives of NGOs mentioned current process of the branch standards development by the working group of the Ministry of Health as a positive tendency.

Training needs

- ✓ Current trends on drug market, NPS, stimulants.
- ✓ Co-occurring conditions (somatic amd mental health comorbidities).
- ✓ Treatment and rehabilitation guidelines.
- ✓ Naloxone.
- ✓ Psychosocial care to people on MAT.

- ✓ Recovery approach and therapeutic communities, supported employment, supported living, half way houses etc.
- ✓ Work with families.
- ✓ Provision of addiction treatment for convicted people.
- ✓ Addiction treatment of different groups (women, youth).
- ✓ Destigmatization of people with addiction.

Conclusions

The current trends in the development of addiction psychiatry in Ukraine indicate both the gradual development of modern approaches to care and the challenges associated with the situation of reforming medicine and current changes in the drug market as a whole. Based on gaps and actual needs, the participants of the two focus groups identified main training needs that overlapped significantly in both groups. Thus, the main training needs were: Current trends on drug market, NPS, stimulants; Internationally approved protocols of treatment; Co-occurring conditions; Recovery oriented approaches; Work with families of people with addiction; Addiction treatment of different groups (women, children, elder people, ATO participants, penitentiary); Destigmatization of people with addiction and others.

4. Survey of the Advisory Board (AB) members

The purpose of the Ukraine International Technology Transfer Center Advisory Board is to secure regional expertise to guide the training and technical assistance (TA) efforts of the ITTC Ukraine. The valued knowledge of board members, as providers and leaders in the behavioral health field, will assist the Ukraine ITTC Staff in more effectively addressing workforce needs in the region.
The goal is to help guide Ukraine ITTC efforts that include providing a forum for on-going communication, collaboration and coordination.

During first AB meeting the discussion regarding training needs was initiated. It was proposed to each of the 9 AB members, who attended the meeting to answer following questions:

1) What are the gaps in care provision to people who use substances?
2) What are the training needs of specialists who provide care to people who use substances?

Gaps and challenges in care provision to people who use substances

- ✓ Changes in drug scene. Increase of NPS use and lack of knowledge about management of such conditions.
- ✓ Lack of standards for SUD rehabilitation (recovery model). No standards of treatment for alcohol use disorder.
- ✓ Psychosocial support for MAT programs isn't covered by state programs.
- ✓ Ambulance has lack of knowledge about substance overdoses except opioid.
- ✓ There is no control and monitoring of rehabilitation centers. Lack of rehabilitation centers with EBP.
- ✓ There is no continuum of MAT in the penitentiary system when entering and leaving the system.
- ✓ There is no universal syringe exchange program in the penitentiary system, only pilot projects.
- ✓ Lack of treatment and rehabilitation programs for youth.
- ✓ Absence of addiction training programs for psychologists and social workers.
- ✓ Lack of evidence based prevention programs.

Training needs of specialists who provide care to people who use substances

- ✓ Mental health comorbidities in people with SUD and HIV.
- ✓ Care for people with SUD during COVID-19 pandemic.
- ✓ Burnout prevention for specialists.
- ✓ MI, SBIRT (including printed scripts).
- ✓ Therapeutic communities, recovery approach
- ✓ Supervisions
- ✓ Standards of treatment

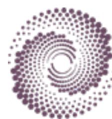
- ✓ NPS, stimulators, AUD
- ✓ Special groups (penitentiary, youth)
- ✓ Naloxone
- ✓ Psychosocial support in MAT programs
- ✓ Substance use prevention

Conclusions:

The gaps and challenges in care provision for people with SUDs identified by the Advisory Board reflect the main trends reflected in the previous sections of this report. Main training needs include Standards of treatment, Recovery approach, Comorbidities, NPS, stimulators, Special groups (penitentiary, youth) and others. Additionally, members of Advisory Board mentioned the importance of Burnout prevention for specialists, management of Alcohol use disorder, Supervisions provision and Substance use prevention.

5. Survey the training needs of a group of national trainers

In 2019, the Ukraine ATTC implemented a NT program to select a group of strategically positioned trainer of trainers from partner and stakeholder organizations. NTs were selected from non-governmental organizations funded by PEPFAR and from Ukrainian universities. Eligible persons held at least a Master's level graduate degree, five or more years of experience in an HIV or SUD-related field, training experience, and a letter of support from the leadership of their organization. Fifty-five persons attending the NT training program in 2019 or 2020, 35 of whom were certified NTs after satisfactory completion of 40 hours of face-to-face trainings, video interviews with mock patients, group supervision, at least two supervised trainings in their organization alone or in partnership with other NTs. Certified NTs provided 28 trainings not funded by Ukraine ATTC to a total of 505 persons. The established training cascade promoted the sustainability of the Ukraine ATTC's efforts, expanding evidence-based SUD care in HIV treatment and



prevention settings, enhancing local capacity and expertise, and providing ongoing support to PEPFAR-related programs.

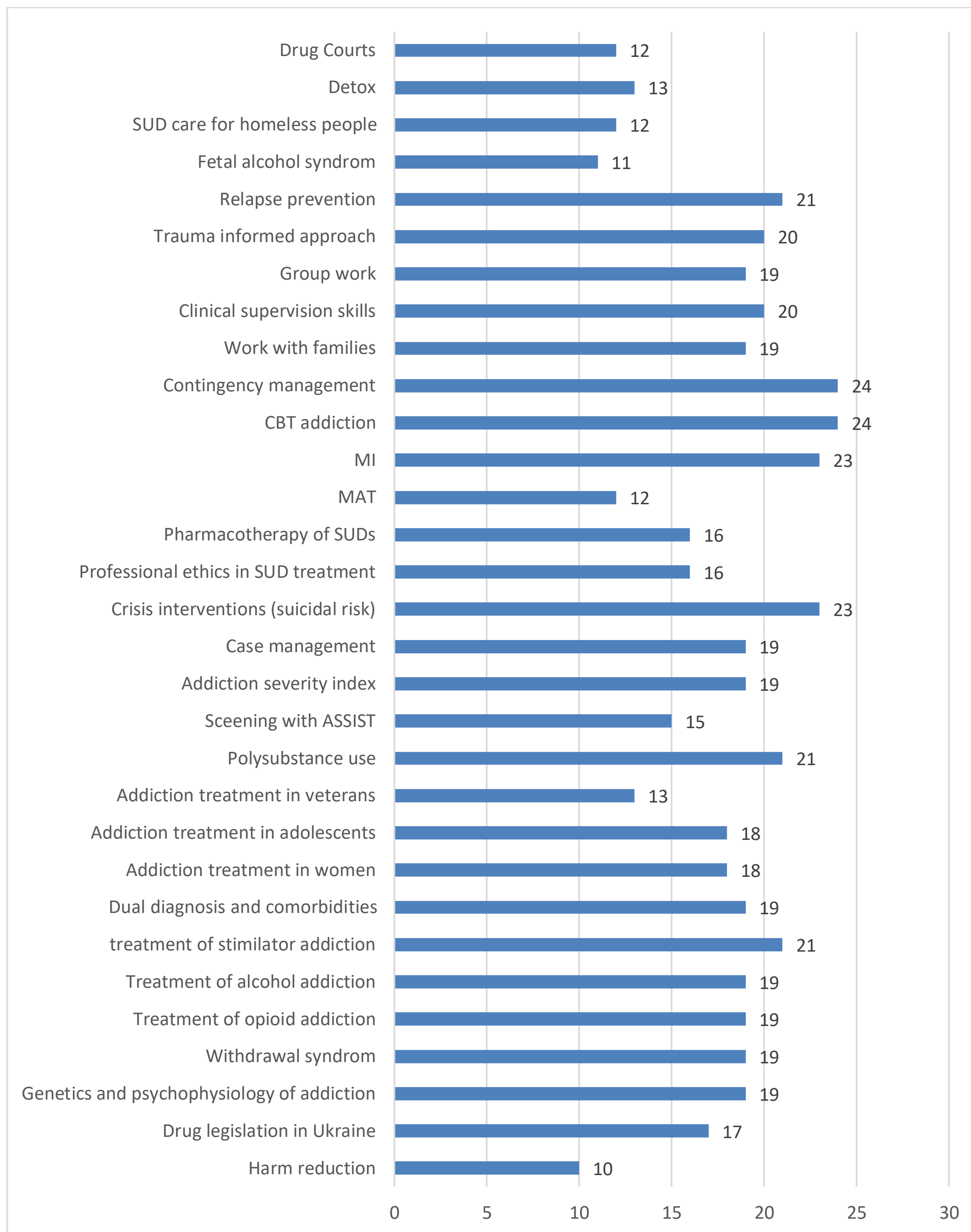
ITTC Ukraine continuesly supports NT network, including them into training activities.

According to training needs survey the most preferrable topics for NTs were:

- ✓ Contingency management (86%);
- ✓ CBT of people with SUD (86%);
- ✓ MI (82%);
- ✓ Crisis intervention (82%);
- ✓ Relapse prevention (75%);
- ✓ Treatment of stimulant addictions (75%);
- ✓ Polysybstance use (75%);
- ✓ Trauma informed approach (71%);
- ✓ Clinical supervision skills (71%);

Relatively lower interest was expressed to the following topics:

- Harm reduction (36%)
- Fetal alcohol syndrome (39%)
- Drug courts (43%)
- Care for homeless people with SUDs (43%)
- MAT (43%)
- Detox (46%)
- Addiction treatment in veterans (46%)

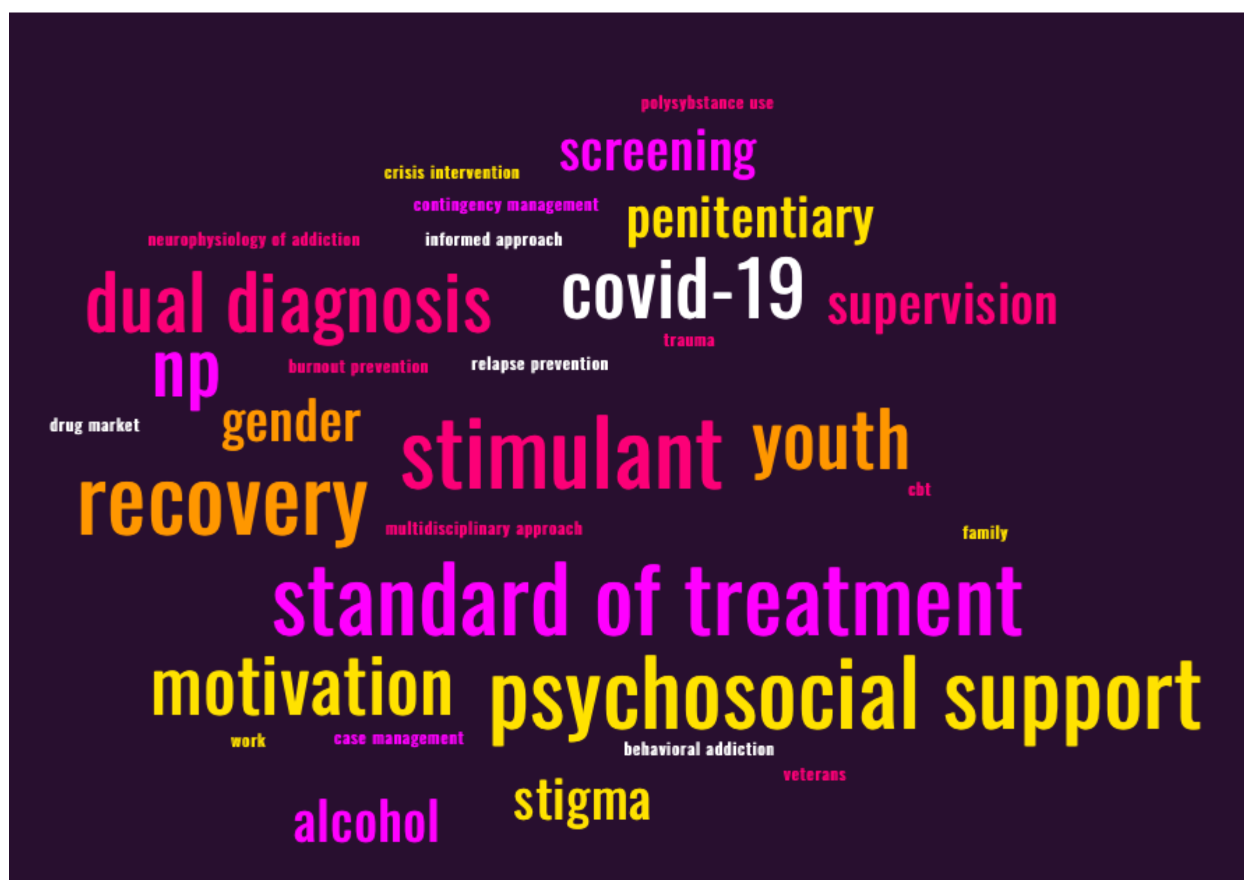


Picture 4. Perceived training needs of National trainers

Conclusions

According to training needs survey, most trainers were interested in non-pharmacological interventions (MI, CBT, Contingency management, Relapse prevention), Crisis interventions, Treatment of stimulant addiction and management of polysubstance use.

Wordcloud



6. Concusions

Summing up the results of the study, the following gaps and challenges in care provision for people with SUDs can be identified:

- ✓ Changes in the drug scene towards an increase in the use of stimulants and new psychoactive substances.
- ✓ Lack of treatment and rehabilitation standards.
- ✓ Lack of state funding of addiction psychiatry.
- ✓ An absence of systematic approach, continuity of care for people with SUDs.
- ✓ High prevalence of AUD and lack of evidence based treatment approaches.
- ✓ Lack of treatment programs for youth, women, veterans.

- ✓ Gaps in copmrehensive addiction treatment provision in penitentiary institutions (no continuum of MAT in the penitentiary system when entering and leaving the system, no universal syringe exchange program etc).
- ✓ Underrecognixed psychosocial component of MAT programs.
- ✓ Low number of training programs on addiction medicine at public universities and main focus on doctors.
- ✓ Underrecognized nental health and somatic comorbidities in SUD.
- ✓ Lack of common understanding of recovery and standards of rehabilitation.
- ✓ Lack of families involvement in treatment and rehabilitation process.
- ✓ High rotation of addiction professionals.
- ✓ Stigmatization both of people with addiction and medical professionals, working in the sphere of providing care for them.
- ✓ Lack of evidence based prevention programs.

Training needs reflect the gaps indicated and can be grouped as follows:

- ✓ Drug market and new trends.
- ✓ Current science on neurophysiology of addiction.
- ✓ Standards of treatment and rehabilitation.
- ✓ Recovery approach.
- ✓ Treatment of stimulant use disorder, treatment of AUD.
- ✓ Psychosocial support in MAT programs.
- ✓ EBP: MI, SBIRT, Case management, Contingency management, CBT of people with SUD, Crisis interventions, Relapse prevention, Trauma informed approach.
- ✓ Polysybstance use.
- ✓ Addiction treatment of different groups (women, children, elder people, veterans).
- ✓ SUD treatment for people in conflict with law (including use of Naloxone for overdose prevention).
- ✓ Work with families of people with SUD.
- ✓ Mental health and somatic comorbidities in people with SUD.

- ✓ Behavioral addictions.
- ✓ Care for people with SUD during COVID-19 pandemic.
- ✓ Multidisciplinary approach to treatment.
- ✓ Clinical supervisions.
- ✓ Destigmatization of people with addiction.
- ✓ Burnout prevention for specialists.
- ✓ Substance use prevention.

Thereby, the results of the study show the need to further improve the internal system of provision of quality education for addiction specialists, their professional development, education on new technologies and technical assistance, and improvement of mental health service availability, mainly for people with mental and behavioral disorders caused by psychoactive substance use.